



Brazilian Journal of
OTORHINOLARYNGOLOGY

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EDITORIAL

“Until Mary Ellen held my hand...” The critical importance of touch in medicine[☆]



“Até que Mary Ellen segurou a minha mão...” A importância vital do toque na medicina

Sitting unnoticed on my office desk, and constantly growing in height, resides a stack of letters—different sizes and shapes, in handwriting and letterheads of all descriptions, distinguished by the repetitious theme constant in them all: “...I was so very frightened when you were about to perform my surgery...until Mary Ellen held my hand.”

In the early years of the practice of medicine I assumed these frequent testimonials were simply accolades targeted towards a splendid and unique surgical nurse, my long term partner in patient care, whose talents and caring interactions with patients in my experience is equaled by none. Quite soon, however, I came to realize that the tactile courtesies my team religiously practiced with patients — those of providing a soothing touch, a gentle grasp of the hand, even a slight hug — were not only surprisingly effective in reducing patient anxiety, but gradually came to be a major expected factor in our doctor–patient relationships.

I still believe that most students choose to study medicine in order to experience the unique bonds that develop between patients and doctors. In this high-tech era of medicine, daily accounts are chronicled about patient annoyance and dissatisfaction with physicians who avoid eye contact, spend the majority of the patient visit recording data on an iPad, attempt to diagnose by ordering an increasing array of lab tests, and too often fail to examine, connect with, and truly “touch” the patient. My personal internist, a middle-aged relic of the Oslerian age when students gathered around the hospital bed with a mentor who reveled in the delights of the strength of a bounding pulse, seeking a palpable liver edge and deciphering a typical cardiac murmur, inevitably percusses my chest on each visit with the

“thump-thump-thump” of a practiced finger and hand. Both he and I understand the unlikelihood of revealing a chest problem undiscovered by radiographic imaging or somnography, but we mutually appreciate the touch and the valuable time it affords for further history-taking.

In the fifth century BC, Hippocrates, the acknowledged father of medicine, wrote: “It is believed by experienced doctors that the heat which oozed out of the hand, on being applied to the sick, is highly salutary. It has often appeared, while I have been soothing my patients, as if there was a singular property in my hands to pull and draw away from the affected parts aches and diverse impurities, by laying my hand upon the place, and extending my fingers toward it. Thus it is known to some of the learned that health may be implanted in the sick by certain gestures, and by contact, as some diseases may be communicated from one to another.”

By no means do I suggest that cure of disease derives singularly from the touch of a hand, but experience teaches that gentle touch during examination and interaction with patients yields, at the very least, emotional well-being.

Otolaryngologists in particular are afforded the opportunity with every patient examination of the head and neck to put into practice gentle touch maneuvers. An otoscope held deftly in the tips of the fingers, parallel to the floor, provides a glimpse of the auditory canal and eardrum far more gently than when the instrument is grasped like a threatening hammer. The exploring tongue depressor, providing access to the oral cavity, serves best when a conscious effort is expended to gently deflect the tongue and lips. Indirect mirror laryngoscopy and nasopharyngoscopy both possess the potential for discomfort if the tongue is grasped in an unduly firm manner. Patients are acutely aware of the vast difference between a rough manipulation and palpation of the neck and the deft fingertip exploration for nodes, glands and pulses. These manipulations are examination touches, as opposed to reassuring touches.

[☆] Please cite this article as: Tardy Jr. ME. “Until Mary Ellen held my hand...” The critical importance of touch in medicine. Braz J Otorhinolaryngol. 2015;81:229–30.

Eye contact, listening, touching, and observation are the hallmarks of traditional medicine, and establish the vast difference between the "health care provider" and the physician.

Touching, after all, is an effective, inexpensive, and easily-administered medication to employ in both the sick and those who simply experience foreboding in medical interactions.

Some years ago I lost a younger brother to the ravages of metastatic cancer, despite the very finest of care by a legendary oncologist. As my brother came to the end of his courageous battle with an incurable disease, with his entire family gathered around him, his physician sat on the bed, lifted his patient into his arms, and murmured "I'm so sorry I could not have done more for you." More than a touch, that singular gesture spoke volumes about the humanistic qualities of a caring physician.

Patients desire, expect, and benefit from the reassuring gentle touch of their physicians. It represents a powerful tool, essential in the physician's bag.

And early in his or her career, may each physician discover a Mary Ellen as a valued and essential part of the medical team.

Conflicts of interest

The author declares no conflicts of interest.

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